ON SYMMETRICAL MANIFESTATIONS OF SYPHILIS.[1]

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THAT manifestations of syphilis are sometimes symmetrical, that is, occur on the right and left side of the body in corresponding places, has long been known, and this fact has been handed down without much further inquiry or comment. I have been able to find little note of the frequency of this peculiarity, and of the character of the skin lesions which are symmetrical. To be able to say that a given syphilide is symmetrical, we must exclude at the outset every variety of trauma, including friction and pressure; otherwise, two ulcers in a syphilitic individual might appear symmetrical, when, in reality, they were so only in the same sense as ordinary marantic bed-sores over the ischial tuberosities. It is well known that trauma is a powerful determining cause of a local outbreak of syphilis, the hyperæmia affording a favorable focus for development.

It seems probable that the symmetry of syphilis may be accounted for by the facts

1. That it is a disease which affects in its course the entire organism, or, at least, may so affect it at different stages of development, showing a tendency to attack different tissues in succession, or else additional ones, the first remaining affected, the last involved having greater resistant power than the first.

2. At any given time, or at different times, the disease selects a given spot or spots (on the skin for instance) on one side of the body which offer exactly the same favorable con-

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ditions for development as corresponding ones on the other side, and more than any other spot, say an inch further off on either side.

We may take this view independently of the question whether syphilis is due to an organism or to a chemical agent. In the one case we may assume favorable culture and in the other favorable chemical combining conditions.

Take, for instance, case No. 7, where the patient had the bursa patellæ of one leg affected seven months after the other had ulcerated from syphilis. Thus showing symmetry of location but not of time. There are certain diseases of the eye, ear and nervous system where symmetry is often noted. In inherited syphilis where interstitial keratitis occurs it is apt to attack sooner or later both eyes. Choroiditis is usually syphilitic and often bilateral. Middle ear syphilis is usually symmetrical. Syphilitic iritis is apt to attack both eyes, sooner or later. Syphilitic analgesia is always symmetrical (Fournier, quoted by Zeissl).

The following cases, six of which are from Bay View Hospital, and two from the Garrett Dispensary records, illustrate the symmetry of syphilitic manifestation.

CASE I.—*Symmetrical Macular Squamous Syphilide.* White. male, æt. about 25 years. Patient is covered with dark, pigmented, and in places scaly spots, varying in size from $^1/_4$ to $^1/_2$ inch in size. Has had the eruption since May, 1889.

The spots are markedly symmetrical, about the navel and on shoulders and loins, along the lines of the cutaneous nerves on each side of the spine, 3 to 4 inches. On anterior and inner aspects of legs, half way down, are symmetrical spots. Both patellar regions are remarkably and entirely free from spots. Likewise dorsums of feet. There are symmetrical spots an inch and a half behind the internal malleoli. Below popliteal spaces and to the inner side are symmetrical spots.

CASE II.—*Symmetrical Ulcers of Legs.* Male, æt. 66 years. On anterior aspect of *right* leg, half way down, is an old shining cicatrix 2 or 3 inches long, vertically. On *left* leg, anterior surface, beginning nearly half way down, is a large granulating surface, 8 inches long, vertically, involving the bone which projects in a flat arch from the middle of the surface. This latter condition has lasted 10 months. Palpable postcervical glands on one side. No supratrochlear glands to be felt. Pa-

tient denies all syphilis. Here we have a healed ulcer on *right* leg. Active ulcer involving bone on *left* leg.

CASE III.—*Symmetrical Ulcers of Legs.* Male, æt. 42 years. Denies ever having had a chancre. Had buboes 6 years ago. Two corresponding, sharp-cut, small ulcers, 4 inches below knees, on inner aspect of legs. Again, ulcers 2½ inches above ankles on anterior and outer aspect of legs. Again, 2 inches above latter on inner crest of tibia. Chronic indurated glands in both groins. Patient has many small ulcers, irregularly scattered along legs and thighs.

CASE IV.—*Symmetrical Ulcers—Manifestations of Late Syphilis.* Male, æt. 45 years. An old broken-down warrior at Bay View. Sunken-in nose, perforation in hard palate. Patient contracted a sore during the war. Since then he had repeated cutaneous eruptions. Four inches above each ankle are symmetrical, narrow, irregular scars on anterior aspects of legs. These are nearly 4 inches long. At inner end of right cicatrix, and occupying part of its area, is a superficial ulcer an inch and a half in diameter.

CASE V.—*Symmetrical Ulcers—Manifestations of Recent Syphilis.* Healthy-looking young girl, æt. about 22 years, seen at Bay View with Dr. Warfield in the chronic wards. She gave no syphilitic history The only evidences observed were 2 exactly symmetrical ulcers, 1 on the anterior aspect of each leg, two-thirds of the way down from the knee. These ulcers are about 1 inch in diameter, have sharp edges and are deeply ulcerated. Local applications failed to heal them. They cicatrized rapidly after a short course of mercurials and potassium iodide.

CASE VI.—*Symmetrical Ulcers of Tongue.* M. T.. Garrett Dispensary case. Clear history of syphilis. Has sore throat. Gummatous swelling on left temporo-parietal juncture. Both sides of the tongue are symmetrically ulcerated in two places on the edges, the most anterior being about ½ an inch from the tip. These healed after appropriate treatment.

CASE VII.—*Ulceration of Bursæ Patellæ; Late Syphilis.* M. S., Garrett Dispensary case. Patient applied in the Autumn of 1887 for a swelling over the right patella. This soon ulcerated through the skin, leaving an indolent ulcer, with indurated overhanging edges. There being no history of syphilis, and the edges being almost cartilaginous in hardness, resembling epithelioma, the ulcer with its margin was excised, and the resulting wound brought together as far as practicable, the remainder healing by granulation. A microscopical examination of the ulcer by Prof. Welch, at the Johns Hopkins Laboratory,

showed it to be a broken-down gumma. In March, 1888, a swelling developed over the left patella exactly similar to the previous growth on the right side. This finally ulcerated, leaving a painless excavation going nearly down to the bone. The patient was put upon mercury with chalk, 1 grain thrice daily, and potassium iodide. The leg was placed upon a splint, and the ulcer finally healed after the separation of a tough, gray slough. These gummata undoubtedly arose from the bursæ patellæ.

CASE VIII.—*Symmetrical Ulcers and Bullæ; Manifestations of Recent malignant Syphilis.* Negress, æt. 26 years. Seen January 31, 1890. Patient entered Bay View Hospital with a sore on the genitals. Has also a deep popliteal ulcer. Ten days ago a sore developed on the hand. Then symmetrical sores on both forearms, on ulner borders 4 inches below styloid processes. The left one developed first, and is now somewhat more than an inch in diameter, circular, with sharp, sloping edges, and about ½ inch deep. Two inches below left elbow on ulnar margin is an ulcer about one inch in diameter, on right arm, a swelling in the corresponding place. Over the tips of both olecranon processes are ulcers about the size of a cent. On dorsums of feet one inch above junction of first and second toes are respectively a bulla, and an ulcer. Most of these ulcers began as bullæ. One and one-half inches behind both trochanters, are ulcers.

This patient has non-symmetrical ulcers in various other places. The history in this case is of little value on account of the low degree of intelligence of patient, but it appears probable that she had sores upon the genitals as early as Christmas, 1889. She has now an ulceration extending into the rectum from the vagina, and a large ulcer in one popliteal space. There is no doubt of the diagnosis of syphilis.

The patient died Feb. 9, in spite of active treatment and abundant nourishment. At the autopsy, beyond fatty liver or kidneys, nothing important was to be seen involving the viscera. The nerveous centers apparently normal.

We believe than no one would deny from these cases that syphilis sometimes has symmetrical manifestations. Since our attention has been especially directed to this subject we have noticed that the tendency is strong to such symmetry. One must not forget that the disease is as truly symmetrical when the lesion appears on one side some time after the corresponding one on the other side, as when both develop at the same

time and a patient observed over a period of months, will often show a symmetry in his syphilis which would escape observation if but one note on this point was made on his case,

We believe these symmetrical cases will be found to occur very largely if not entirely in the eye, ear and in the skin and its appendages, also in the tongue. Inherited syphilis is notoriously bilateral, affecting the corneæ, teeth, etc., while syphilitic lesions of bone, muscle, periosteum and of the central nervous system may be sometimes symmetrical; they are certainly not commonly so.

We have then a tendency to symmetry in the lesions of syphilis so strong as to constitute one of the most constant of its characteristics.

In the earlier manifestations of the disease, we find the symmetry extends as well to time as to place. Later, the corresponding parts are still affected, though more frequently at different times. In the very earliest of syphilitic skin affections, where the eruption is scattered profusely over the entire surface of the body, it is hardly proper to speak of symmetry when scarcely any part remains unaffected.

Where the diagnosis of a given, local non-traumatic, surgical lesion is doubtful we should always examine the corresponding point or tissue upon the other half of the body for a beginning or a past evidence of syphilis.